

ODI Action Number:

RQ02-012

RECALL 99V-309 AND IE02-076

Date: **09-10-2002**

Subject: **GENERAL MOTORS CORPORATION
1998 – 2000 BLAZER, JIMMY, AND BRAVADA
4 WHEEL DRIVE MODELS**

ALLEGED FRONT CONTROL ARM BALL JOINT FAILURE

This file contains consumer letters received by the National Highway Traffic Safety Administration which complain of the alleged defect that is the subject of this Recall Query. It also contains correspondence between this agency and the manufacturer on the subject. Portions of that correspondence may be withheld where the manufacturer has claimed that they are confidential pursuant to the Freedom of Information Act, 5 U.S.C. § 552(b)(4), which exempts from disclosure confidential commercial and financial information. Additional documents relating to this Recall Query may exist, but have not been included in this public file.

If you have any information or concerns you would like to discuss with NHTSA staff, please call the

toll free AUTO SAFETY HOTLINE

800-424-9393

(In the Washington, DC metropolitan area, please call 202-366-0123)

Also, if you wish to discuss the investigation with NHTSA staff, the HOTLINE contact representative will have a technical staff member return your telephone call.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

ODI RESUME

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INVESTIGATION: RQ02 012
DATE OPENED: Sept 10, 2002
SUBJECT: Front Control Arm Ball Joint Failure
PROMPTED BY: 1E02-085
PRINCIPAL ENGINEER: Peter Kivett

MANUFACTURER: General Motors Corporation
MODEL(S): Blazer / Jimmy / Bravada 4 wheel drive models
MODEL YEAR(S): 1998 - 2000
VEHICLE POPULATION: 264,000 4x4 (cst. salt-belt population only)

PROBLEM DESCRIPTION: A front suspension control arm ball joint fails, resulting in the front suspension collapsing on the failed side. The combination of an upper or lower ball joint failure and subsequent suspension collapse may result in a loss of vehicle control.

FAILURE REPORT SUMMARY

	ODI	MANUFACTURER	TOTAL
COMPLAINTS:	11	Unk	11
CRASHES:	0	Unk	0
# INJURIES:	0	Unk	0
FAT CRASHES	0	Unk	0

ACTION: A Recall Query (RQ) has been opened

ENGINEER: Peter Kivett

DIV CHF: J. Givett

OFC DIR: [Signature]

DATE: 9/10/02

DATE: 9/10/02

DATE: 9-10-02

PROBLEM DESCRIPTION: A front suspension upper ball joint may separate without prior warning, causing the top of the front wheel to lean inward, triggering the vehicle to pull in the direction of the failed ball joint (left or right). Ball joint failure may result in a sudden disablement of the steering system.

SUMMARY: ODI has received eleven reports of ball joint failures from the salt-belt region, which led to front suspension-collapse (on the same side as the failed ball joint) in the subject vehicles. Some of the complaints allege a loss of steering and/or braking control. Two complainants alleged that a brake line was severed as a result of the ball joint failure. Six complaints allege reported that an upper ball joint failed, while one reported failure of a lower ball joint; Four did not specify which ball joint failed.

On June 15, 2001 GM conducted safety recall 01V-200 on certain 1996-97 T utility model vehicles for ball joint separation. This recall was influenced by ODI's investigation, EA99-022. The current complaints are similar to the issues previously investigated in EA99-022. Therefore, a Recall Query is opened.

2 VAS
9/13/02



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

OFFICE OF DEFECTS INVESTIGATION
SCREENING RESUME

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IDENTIFICATION: IE02-085

DATE PREPARED: Aug 2, 2002

SUBJECT: Suspension Ball Joint Failure

DATE RESOLVED:

PROMPTED BY: Consumer Complaints

INVESTIGATOR: Steve Chan

MANUFACTURER: General Motors Corporation

MODEL YEAR(S): 1998-2000

MODEL(S): Blazer, Jimmy, Bravada (4x4 only)

VEHICLE POPULATION: 264 K (est. for "Salt-belt" states)

PROBLEM DESCRIPTION: Allegedly, a front suspension control arm ball joint broke while the vehicle was being driven. This failure could result in a loss of vehicle control.

INCIDENT SUMMARY

COMPLAINTS:	11
CRASHES:	0
INJURY CRASHES:	0
INJURIES:	0
FATAL CRASHES:	0
FATALITIES:	0
FIRES:	0
OTHER:	24

Description of Other: Loose, noisy, or worn ball joints, or premature ball joint replacement complaints.

INVESTIGATOR: Steve Chan

DIVISION CHIEF: Steve Chan ^{for} Jon White

DATE: Aug 2, 2002

DATE: Aug 2, 2002

DISPOSITION:

OCT 7 2002

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CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Lyndon R. Lie, Director
Product Investigations
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NSA-13phk
RQ02-012

Dear Mr. Lie:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Recall Query (RQ02-012) to investigate allegations of ball joint failures in certain Model Year (MY) 1998-2000 Blazer, Jimmy, and Bravada (4X4 only) vehicles manufactured by General Motors Corporation, and to request certain information.

This office has received eleven reports of sudden front suspension ball joint separations in certain MY 1998-2000 Blazer, Jimmy, and Bravada (4X4 only) model vehicles. These reports allege a loss of steering and/or braking control. Two complainants indicated that a brake line was severed as a result of the ball joint failure. Six complainants reported that an upper ball joint failed, while one complaint alleged that a lower ball joint had failed. Four complainants did not specify which ball joint had failed. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 1998-2000 Blazer, Jimmy, and Bravada (4X4 only) vehicles manufactured for sale or lease in the United States.
- **Subject component:** all front suspension ball joints manufactured for use on the subject vehicles.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all

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of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after January 1, 1995, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** Failure of a front suspension control arm ball joint, resulting in a front suspension collapse on the failed side.
 - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production.

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In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "field report," "fleet," "goodwill," "make," "model," "model year," "property damage," "property damage claim," "type," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the information request letter (including the subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered. If requested information, so state and provide a brief explanation.

1. State the number of subject vehicles GM has manufactured for sale or lease in the United States by make, model and model year. Furnish an electronic summary of the following information for all subject vehicles manufactured to date by GM in Microsoft Access 2000, or a Microsoft Access 2000 compatible format, entitled "PRODUCTION." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of build;
 - f. Warranty/service start date; and
 - g. U.S. State where the vehicle was originally sold.
2. State the number of, and provide copies of all documents relating to the alleged defect in the subject vehicles, from each of the following categories, either received or authorized by GM, or of which GM are otherwise aware. For each source, organize the information by file/report number:
 - a. Consumer and fleet complaints;

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- b. Field reports, including all reports and requests for technical assistance from dealer personnel and/or zone offices;
- c. Reports of, or requests for, roadside assistance or recovery;
- d. Fire incident reports;
- e. Crash, injury and fatality reports, regardless of whether any claim, proceeding, or lawsuit is or was involved;
- f. Property damage claims that do not involve a crash or fire;
- g. Subrogation claims;
- h. Third-party arbitration proceedings where GM is a party to the arbitration; and
- i. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

Furnish a total number for each item separately, and provide copies of all requested documents, whether or not they have been verified by GM. GM's response shall include, but not be limited to, (1) all reported incidents that have occurred or may have occurred, at least in part, due to circumstances, conditions, or problems caused by the alleged defect in the subject vehicles; (2) complaints or information provided by fleets, consumer groups, government agencies, insurance companies, and other entities that have provided such information to GM; and (3) all crash, injury, or fatal incidents, regardless of whether any claim, proceeding, or lawsuit is or was involved, or whether or not each has been verified by GM. Multiple incidents involving the same vehicle are to be counted separately.

For items "d" through "i," the documentation provided should also include GM's file number; a summary of alleged component failure and causal factors; GM's assessment of the failure with a description of the significant underlying facts and evidence; and the identity of all involved parties, caption, court, docket number, and filing date (items "g" through "i" only).

3. Furnish an electronic summary of the following information, in Microsoft Access 2000, or a Microsoft Access 2000 compatible format, entitled "FIELD DATA," summarizing the records provided in response to question 2. See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.
 - a. GM file number;
 - b. GM category as stated in Response 2 (2a: consumer and fleet complaints, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN, make, model, model year and mileage at time of incident;
 - e. Incident date;
 - f. Report or claim date;
 - g. Whether a fire is alleged;
 - h. Whether a crash is alleged;
 - i. Whether property damage is alleged;
 - j. Number of alleged injuries, if any; and
 - k. Number of alleged fatalities, if any.

If GM has developed or is developing other tables related to the alleged defect in the subject vehicles, provide electronic copies of each such table in separate submissions with a description of each and when they were created.

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4. State the total number of warranty claims; extended warranty claims; requests for "good will," field, zone, or similar adjustments and reimbursements; and claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign that have been received by GM to date that relate, or could relate, to the alleged defect in the subject vehicles by model and model year. Describe the search criteria, including all labor operations and problem codes, used by GM in responding to this request and provide an electronic copy of all problem codes and problem code descriptions applicable to the subject component.

Also, furnish an electronic summary of the following information, in Microsoft Access 2000, or a Microsoft Access 2000 compatible format, entitled "WARRANTY DATA," listing the warranty claims for the subject component, including those contributing to the total count identified in GM's response to this request. See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

- a. GM's claim number;
 - b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
 - c. VIN;
 - d. Repair date;
 - e. Repair mileage;
 - f. Repairing dealer name, phone number and city and state or ZIP code;
 - g. Labor operation number and description;
 - h. Problem code and description;
 - i. Replacement part number(s) and description(s);
 - j. Customer concern summary; and
 - k. Dealer/technician comment summary.
5. Furnish a copy of each service, warranty, or technical document(s), including (but not limited to) bulletins, advisories, informational documents, training documents, or other communications that relate to or may relate to the alleged defect in the subject vehicles that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities.
 6. Identify and describe all studies, surveys, investigations, testing, and other analyses pertaining to the alleged defect in the subject vehicles that have been, are being or will be conducted by, or for, GM. For each such action, provide copies of all relevant documents, as a separate enclosure and in chronological order. This should include, but not be limited to, methodologies, action plans, final reports and presentations with the original file names and dates, regardless of whether the documents are in interim, draft, or final form. Also, furnish an electronic summary of all such actions, including the following information, in Microsoft Access 2000, or a Microsoft Access 2000 compatible format, entitled "INVESTIGATIONS". See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.
 - a. Study title, identifier or ID number;
 - b. The actual or planned start date;
 - c. The actual or planned end date;

- d. Brief summary of the subject or objective;
 - e. Engineering group/supplier responsible; and,
 - f. Findings and or conclusions.
7. Identify and describe all modifications or changes made by, or on behalf of, GM in the manufacture, design, or material composition of the subject components from the start of production to date, which may relate to the alleged defect in the subject vehicles. The following information must be included for each such modification or change:
- a. The date or approximate date on which the modification or change was incorporated into production;
 - b. A description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part number of the modified part;
 - e. Whether the original unmodified component was withdrawn from sale, and if so, when; and
 - f. Whether the modified or changed components can be interchanged with earlier production components.

Also, include the above information for any modification or change that GM is aware of which may be produced, distributed, or made available within the next 120 days.

8. State the number of each of the following that GM has sold for use in the subject vehicles by component name, part number (both service and engineering); supplier; and month/year of sale:
- a. Subject component;
 - b. State, by model and model year, all vehicles in which it is used; and
 - c. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

Provide the supplier name and address and the name, title, and telephone number of the appropriate point of contact for each component.

9. Furnish GM's assessment of the alleged defect in the subject vehicle, including:
- a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses; and
 - e. The reports included with this inquiry.
10. Please update ODI in conjunction with past investigation EA99-022. This should include all information in GM's possession or control, or of which it is otherwise aware, which relates or potentially relates to the alleged defect associated with EA99-022. State the number of, and provide copies of all documents relating to the alleged defect in the subject vehicles, from each of the following categories, either received or authorized by GM, or of which GM are otherwise aware. For each source, organize the information by file/report number:
- a. Consumer and fleet complaints;

- b. Field reports, including all reports and requests for technical assistance from dealer personnel and/or zone offices;
- c. Reports of, or requests for, roadside assistance or recovery;
- d. Fire incident reports;
- e. Crash, injury and fatality reports, regardless of whether any claim, proceeding, or lawsuit is or was involved;
- f. Property damage claims that do not involve a crash or fire;
- g. Subrogation claims;
- h. Third-party arbitration proceedings where GM is a party to the arbitration; and
- i. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

Furnish a total number for each item separately, and provide copies of all requested documents, whether or not they have been verified by GM. GM's response shall include, but not be limited to, (1) all reported incidents that have occurred or may have occurred, at least in part, due to circumstances, conditions, or problems caused by the alleged defect in the subject vehicles; (2) complaints or information provided by fleets, consumer groups, government agencies, insurance companies, and other entities that have provided such information to GM; and (3) all crash, injury, or fatal incidents, regardless of whether any claim, proceeding, or lawsuit is or was involved, or whether or not each has been verified by GM. Multiple incidents involving the same vehicle are to be counted separately.

For items "d" through "i," the documentation provided should also include GM's file number; a summary of alleged component failure and causal factors; GM's assessment of the failure with a description of the significant underlying facts and evidence; and the identity of all involved parties, caption, court, docket number, and filing date (items "g" through "i" only).

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all

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carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 25, 2002. Please include in GM's response the identification codes referenced on page one of this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-30), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Peter Kivett of my staff at (202) 366-6178.

Sincerely,



Jeffrey L. Quandt, Chief
Vehicle Control Division
Office of Defects Investigation

Enclosures





U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

07-JUL-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.

748022

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/1/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13W6W2174027	CHEVROLET TRUCK	BLAZER	1998	
Purchase Date 01-SEP-1999	Dealer's Name		Engine Size (CID/CCA)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City State Zip Code		No Cylinders	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type	Body Style			
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02132000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 15-JUN-2001 101000 Mileage at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN THE BALL JOINT BROKE THE LEFT FRONT WHEEL DROP TO A 45 DEGREE ANGLE AND THE AUTO WENT LEFT IN TO THE ON COMING LANE. I WAS LUCKY BECAUSE I WAS GOING 30 MILES A HOUR AND NO ONE WAS IN THE LANE. I HAD NO CONTROL FOR A FEW MINUTES AND IF THIS WOULD HAVE HAPPEN ON AN INTERSTATE HIGHWAY I SURE A MAJOR ACCIDENT WOULD HAVE HAPPEN. AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 759	
OWNER INFORMATION (Type or Print)		Date Received 01 SEP 16 PM 12:00 22 AUG 2001 OFFICE EFFECTS INVESTIGATION		Od. or A. or B. or C. or up /tr	
709774		Work Num.		Reference No. 894889	
WILKES BARRE PA 18702		Home Num.			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an answer, we will assume you do not authorize NHTSA to provide a copy of report to the manufacturer. Signature of Owner _____ Date 8/19/01					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at windshield on driver's side) ADD 1GNET1BW7WK129232		Vehicle Make CHEVROLET TRU		Vehicle Year 1998	
Purchase Date 8/14/97		Dealer's Name Abraham Chevrolet		Current Odometer Reading 45,126	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City Pittston State PA Zip Code 18140		Engine Size (CID/CCR) L No Cylinders 6	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	
Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 02140000		Part Name(s) SUSPENSION: INDEPENDENT FRONT CONTROL ARM: UPPER upper & lower ball joints on driver's & passenger's sides		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	
No. of Failures 2		Date(s) of Failure(s) 21-AUG-2001 Mileage at Failure(s) 45000 Vehicle Speed at Failure(s) 60 mph		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
				NHTSA Previously <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured 0	
				Number of Fatalities 0	
				Estimated Property Damages \$ 1,100.00	
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING 80-85 MPH VEHICLE WENT TOWARDS LEFT AND WAS HARD TO CONTROL, AFTER PULLING OVER, CONSUMER NOTICED DRIVER'S SIDE WHEEL WAS SIDWAYS. REPAIR REPAIR A BROKEN UPPER BALL JOINT. NO ACCIDENT. AK					
After taking to mechanic for repair, he noticed the other side was also bad. Repairs included upper & lower ball joints on driver's & passenger's sides. Wheel was also damaged.					
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.					

CONTINUE ON BACK IF NEEDED

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Vehicle Owner's Questionnaire 705566 submitted 4/13/99 10:19:31 AM

Owner Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

home phone [REDACTED]
business phone [REDACTED]
fax [REDACTED]
email [REDACTED]

Have NHTSA send signature card for authorization? Yes

Vehicle Information

vin 1GNDT13W6W2130996
make Chevrolet model Blazer year 1998
odometer 33485
purchase date 09/97 new or used? New body style 4-Door
dealer Sable Chevrolet
910 Brownsville Road
Pittsburgh, PA 15210
412 3-81-9000
engine size 190 HP cylinders 6 fuel injection Y turbo N fuel type Gas
antilock br. Y cruise control Y drive train 4 Wheel
driver's airbags passenger's airbags seat belts
front Y front Y 3-point N
side N side N 2-point N
motorized N

Incident(s)

Incident Number 1

failed component / part details

major assembly unknown

description Tie Rod and Ball Joint on Rt Front Wheel Assembly

location		original	number of failures	date of failure	mileage at failure	speed at failure	manufacturer contacted	NHTSA contacted
left/right	front/rear	Original	1	10/6/98	24000	15	Y	N
Right	Front							

Incident details

airbags deployed		number of		number of	estimated	police			
accident	fire	driver's	passenger's	persons injured	fatalities	property damage	report filed		
Y	N	front N	side N	front N	side N	0	0	\$100	N

Tire Information


DOT number name manufacturer size

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Comments

Moving at approximately 15 mph in a Condominium Plan, I rounded a curve when the right front side of my vehicle dropped down and my vehicle swerved right onto the grass hillside beside the road. When AAA arrived, it looked like the wheel had fallen off. After having it towed to the nearest dealer, they informed me that the tie rod had pulled out of the ball joint which holds the wheel to the axle. The service manager then informed me that they would not fix it under warranty because it was his impression that something had been hit because there was grass and dirt up under the front right bumper and wheel well. I explained to him that the grass and dirt was from when the vehicle slammed into the grass hillside after the wheel fell off but it did not change his opinion. I decided to pay \$300 to tow my vehicle back to the dealer I leased it from. They would not fix it under warranty either citing the original service man's report. After several letters and calls to Chevrolet's customer service, they finally responded to me and said there were no grounds for fixing the problem under warranty. The damage to the vehicle ended up being \$1200.00 to fix the ball joint and tie rod. Not to mention another \$400 for body work. On top of this, my dealer claimed that when the wheel fell off, the entire frame was bent. How could a Sport Utility Vehicle traveling 15 mph get its frame bent from the tie rod braking? On top of that, it took my dealer, 5 weeks to fix the problem. It cost me \$750 out of my own pocket to pay for a rental car. I didn't turn it into my insurance because they informed me they would have to list it as an 'at fault accident' since the dealer would not fix the problem under warranty. So basically, a manufacturer's problem cost me \$2250. What bothers me, is that the whole process was determined by the first moron service guy at the initial dealer who reported that it was his opinion something was struck. Chevrolet would not send a service mgr.

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 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258 Date Received 20-SEP-2000		Od_or rt_dt od_rl up_ltr Reference No. 732057	
OWNER INFORMATION (Type or Print) [Redacted] [Redacted] [Redacted]						Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.							
Signature of Owner _____ Date ____/____/____							
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of instrument panel driver's side) 1GHD113W3W2730916		Vehicle Make OLDSMOBILE TRI		Vehicle Model BRAVADA		Vehicle Year 1999	
Purchase Date 01-OCT-1998 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 02132000 01560000		Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T STEERING:LINKAGES:TIE ROD:END		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 1		Date(s) of Failure(s) 07-SEP-2000 Mileage at Failure(s) 34000 Vehicle Speed at Failure(s) 10		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)							
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured 0		Number of Fatalities 0	
Estimated Property Damage		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
WHILE DRIVING INTO THE SETTING SUN IN A PARKING LOT I STRUCK A 3 INCH CURBING AT APPROXIMATELY 10 MPH. A LARGE FLAG POLE WAS SLIGHTLY SCRAPPED WITH THE LEFT FENDER CAUSING SOME MINOR DAMAGE. THE LEFT FRONT BALL JOINT SEPARATED FROM THE LOWER CONTROL ARM CAUSING THE TIE ROD END TO SNAP AND LEFT FRONT WHEEL TO COLLAPSE. THE CAR TRAVELED APPROXIMATELY 1 1/2 CAR LENGTHS BEFORE STOPPING WITHOUT USE OF THE BRAKES. THE ONLY SKID MARKS WERE FROM THE NOW SIDEWAYS TIRE AND FROM THE DRAGGING UNDERCARRIGE BOLTS. THERE IS NO REASON THAT THIS MINOR IMPACT SHOULD HAVE CAUSED THIS TYPE OF DAMAGE. THE RIVETS CONNECTING THE BALL JOINTS HAD SHEARED OFF. THIS CAR HAS NEVER BEEN DRIVEN OFF ROAD OR ABUSED IN ANY WAY. IF THIS HAD OCCURED AT HIGHWAY S							
CONTINUE ON BACK IF NEEDED							
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should have appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.							



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798

Date Received

29-MAR-2001

Od_or _____
rt_dt _____
od_rt _____
up_Rr _____

Reference No.

884603

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GKDT13W4T2575374	Vehicle Make CHEVROLET TRUCK	Vehicle Model JIMMY	Vehicle Year 1998	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02130000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 28-MAR-2001 Mileage at Failure(s) 70 5	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONTROL ARM BROKE AND TIRE COLLAPSED INTO WHEEL WELL. VEHICLE WAS NO LONGER DRIVEABLE. CONTACTED DEALER, AND DEALER WAS WILLING TO FIX PROBLEM. *AK

CONTINUE ON ENCK-1 (REV. 01/99)

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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U.S. Department of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 11b	
OWNER INFORMATION (Type or Print)		Date Received		Officer	
		16-AUG-1999		Officer	
JOLIET IL 60431		Work Number		Reference No.	
548265		Home Number		845098	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an audit <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date 8/26/99					
VEHICLE INFORMATION					
Vehicle Identification No. (VIN) (Document at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1GKDT13W9X2649925	GMC	JIMMY	1999		
Purchase Date	Dealer Name	Engine Size (CID/GAL)	No Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Joliet State IL Zip Code 60435	6	6		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				<input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component(s) 01040000 92132000	Part Name(s) STEERING:LINKAGES:TIE ROD INNER SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN Y	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures	Date(s) of Failure(s) 7-16-99	Mileage at Failure(s) 1200	Vehicle Speed at Failure(s) 30	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage 7500.00	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE THE DRIVING 30-35 MPH, THE TIRE ROD AND THE BALL JOINT ON THE FRONT AXLE BROKE, CAUSING THE FRONT END OF THE TRUCK TO FALL. THE CONDITION WAS REPORTED TO GMC. THE TRUCK WILL BE REPAIRED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER DETAILS.					

CONTINUE ON REVERSE

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

30-JAN-2002

Od or
rt dt
od rt
up tr

Reference No.

757560

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☐ YES☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of vehicle right door driver's side)</small> 1GNDT13W5X2192701	Vehicle Make CHEVROLET TRUCK	Vehicle Model BLAZER	Vehicle Year 1999	Current Odometer Reading
---	---------------------------------	-------------------------	----------------------	--------------------------

Purchase Date 01-JUN-1999	Dealer's Name	Engine Size (CID/CCL) 4.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No Cylinders	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 0214/000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UPPER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 27 JAN 2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 93500		
	Vehicle Speed at Failure(s) 55		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--------------------------------	---------------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE RIGHT UPPER CONTROL ARM BALL JOINT FAILED WITHOUT WARNING WHILE TRAVELING AT 55 MPH. IT WAS VERY DIFFICULT TO MAINTAIN CONTROL OF THE VEHICLE, AND I SUSPECT THAT IF MY WIFE WOULD HAVE BEEN DRIVING SHE WOULD NOT HAVE BEEN ABLE TO STOP THE VEHICLE SAFELY. THIS WAS VERY DANGEROUS. LUCKILY I WAS NOT ON THE EXPRESSWAY. I KNOW THAT CHEVY BLAZERS HAD RECALLS FOR THIS DEFECT IN PAST MODEL YEARS, AND I MAYBE THEY SHOULD AGAIN. *AK


CONTINUE ON BACK IF NEEDED

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Also 5654-7

Form Approved O.M.B. No. 2127-0008

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 335	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
Date Received: 02 JUN 10 PM 12:12 15-MAY-2002 OFFICE DEFECTS INVESTIGATION		Reference No. 8009897 <i>AK</i>	
OWNER INFORMATION (1)		Work Number	
754254		Home Number	
UPPER SADDLE RIVER NJ 07458			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized name and address to the vehicle manufacturer.			
Signature of Owner _____ Date: 5/29/02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GHDT13W5Y2218895	OLDSMOBILE TRU	BRVADA	2000
Current Odometer Reading	32,000		
Purchase Date: 12/99	Dealer's Name: Kurland Oldsmobile	Engine Size (CID/CC/L): 6	Turbo Diesel Gas Fuel Injection: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Nanuet State: NY Zip Code: _____	No Cylinders: 6	
Transmission Type: <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style: <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 0213M00 03240000	Part Name(s): SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN 1 BRAKES:HYDRAULIC:LINES:FITTINGS	Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures: _____	Date(s) of Failure(s): 13-MAY-2002 Mileage at Failure(s): 0 Vehicle Speed at Failure(s): Under 10 mph	Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: none	Number of Fatalities: none
Estimated Property Damage: none (Vehicle total)		Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AT 3 MPH HEARD A RUMBLING AND VIBRATION LIKE A TIRE HAD BLOWN OUT. CONSUMER TRIED TO GET CAR OFF THE ROAD WHEN PASSENGER'S SIDE TIRE BENT INWARD, AND DRIVER'S TIRE WENT OUTWARD. ALSO, THERE WERE NO BRAKES. CONSUMER COASTED TO A STOP. TOOK VEHICLE TO DEALER. DEALER STATED THAT WHEN CONSUMER MADE A TURN CONTROL ARM CUT BRAKE LINE. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			

B.T.s worn out. came out to shop. Brake line severed. For service. moises, clunking when turn. Dealer says this is not. Nothing wrong.

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I was driving in a school zone and the passenger side front tire disintegrated like it went flat. I turned the vehicle to the right to get off main road and the front end collapsed. The passenger side front tire was pointed inward and the driver side front tire was pointed outward. I stepped on the brakes and they went to the floor. I was able to stop the car by hitting a curb and putting the car in park. It was not driveable and towed to the dealer. I complained about front end problems to the dealer prior to this happening.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
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UNITED STATES

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**VEHICLE
OWNER'S
QUESTIONNAIRE**

21

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

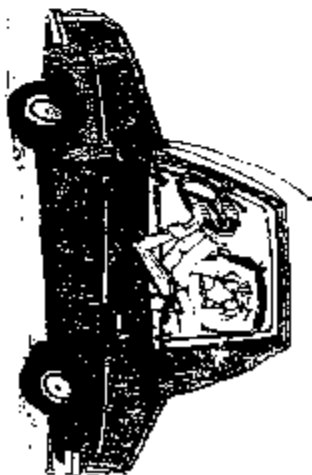
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

335

Date Received

01-JUL-2002

Od _or
rt _dt
od _it
up _lt

Reference No.

8013024

Work Number

Home Number

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

16NDT13W5Y2151485

Vehicle Mak

CHEVROLET TRUCK

Vehicle Mode

BLAZER

Vehicle Year

2000

Current Odometer Reading

Purchase Date

Dealer's Name

☐ New ☒ Used

City State Zip Code

Engine Siz
(CID/CC/L

No Cylinders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

Transmission Type

☐ Manual☐ Automatic

Antilock Brakes

☐ Yes☐ No

Restraint System

☐ 3-Point Belt ☐ Motorbelt
☐ Driverside Airbag ☐ 2-Point Bel
☐ Passengerside Airbag

Cruise Control

☐ Yes☐ No

Drive Train

☐ Front
☐ Rear
☒ 4-Wheel

Vehicle Type

☐ Car ☐ Sport Util
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

Body Style

☐ 2-Door
☐ 4-Door
☐ Station wagon
☐ Pick Up
☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
02140000

Part Name(s)

SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UPPER

Location

☐ Left ☐ Right
☐ Front ☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 25-JUN-2002

Mileage at Failure(s) 22000

Vehicle Speed at Failure(s)

Failed
Part(s)☐ Yes ☐ NoNHTSA
Previously☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash

☐ Yes ☐ No

Fire

☐ Yes ☐ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

\$900

Reported to Police

☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


LEFT FRONT DRIVER'S SIDE WHEEL BUCKLED UNDERNEATH THE CAR. VEHICLE WAS TOWED TO A MECHANIC. MECHANIC STATED UPPER CONTROL ARM WAS BROKEN. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

22

CONTINUE ON BACK IF NE-PCD

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

55 mph. to stop, left turn 15-20 mph. vehicle shudder (like flat tire).
no ABS - while (ABS) coast to stop. No warning, regular handling.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 798	
OWNER INFORMATION (Type or Print) <div style="text-align: right;">753521</div> TRUMBELLE CT 06611		Date Received <div style="text-align: center;">13-MAY-2002</div>	Od or rt dt od rt up lr Reference No. <div style="text-align: center;">8009668</div>
		Work Number _____ Home Num' _____	
Do you authorize NHTSA to make a confidential report to the manufacturer of your vehicle? In the absence of an authorized signature, provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>7/23/03</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GHQT13WXY2190515	Vehicle Make OLDSMOBILE TRU	Vehicle Model BRAVADA	Vehicle Year 2000
Current Odometer Reading <div style="text-align: right;">7,000.00</div>		Purchase Date <u>11-30-99</u>	
Dealer's Name <u>CLARK Tree Cadillac - Olds.</u> City <u>Shelton</u> State <u>CT</u> Zip Code <u>06484</u>		Engine Size (CID/COIL) _____ No Cylinders <u>6</u>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> Turbo Diesel Gas Fuel Injector	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02142000	Part Name(s) SUSPENSION: INDEPENDENT FRONT CONTROL ARM UPPER BALL	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>02-MAY-2002</u> Mileage at Failure(s) <u>86000</u> Vehicle Speed at Failure(s) <u>20-25 MPH</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <div style="text-align: center;">0</div>	Number of Fatalities <div style="text-align: center;">0</div>
Estimated Property Damage <div style="text-align: center;">\$1,704.22</div>		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
UPPER LEFT BALL JOINT BROKE WHILE DRIVING AT 20 MPH CAUSING LEFT FRONT TIRE TO FALL OFF. *AK			
<div style="font-size: 2em; margin-right: 50px;">23</div> CONTINUE ON BACK IF NEEDED			

The Privacy Act of 1974, Public Law 93-579. This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es) Injury(ies)

Raining At 80-25 mph. Felt bump Left Front
Felt like a tire blow out thought I had a flat
tugged over to the right and stopped, car was
undriveable. Liked to be on back roads out on
Highway and Picked up two large round of loose
stones accident on ball over a High speed coil
daughter and family found in back seat in car.
No injuries. Like for photos.
6-11-00 would not admit fault, parts not
reimbursed for the \$1700.00 caused by defective ball
joints - see photo's
- Right ^{lower} ball joint needed to be replaced - 40,283 miles
- Car's rear was damaged. see attached

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

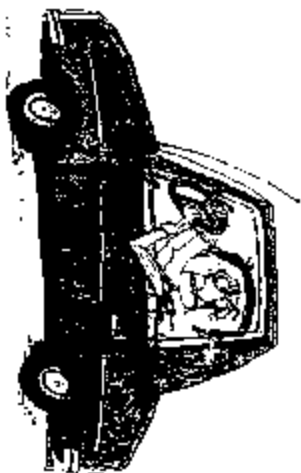
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DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>

"NAR"

PK
6/18/02 (GT)

April 5, 2001

565427

RECEIVED

COPIED

CO JUN 12 PM 2:05

OFFICE
DEFECTS INVESTIGATION

Mr. C. Richard Wagoner, Jr.
General Motors
President and CEO
P.O. Box 33170
Detroit, MI 48232-5170

Dear Mr. Wagoner,

It is with regret that I must write to you. In the past few years, I have leased two Chevrolet products, a 1997 Cavalier, which I never had a problem with, and a 2000 Blazer, which I have had numerous problems.

The problems I have encountered are a power window on the driver's side which has failed, a seat handle which broke off in my hand, and most recently the wheel on the front passenger side which fell off my vehicle while I was driving. Fortunately, I had just left the highway and had come to a complete stop. Otherwise, I could have had a very serious accident.

I took the vehicle to Keigan in Franklin, Massachusetts. They told me that the wheel was missing a cotter pin and this had caused the failure. I had a problem on the driver's side of the truck last summer and had some repairs done but the repair company did not touch the passenger side of the vehicle. Keigan would not cover the repairs under warranty and said that the right side had been tampered with. This is not the case! I was charged \$794.59 to repair the damage.

I am enclosing copies of both the previous repair bill and the Keigan repair bill. I do not feel this charge was justified as the passenger side had never sustained any damage and was not touched last summer. This recent repair should be covered under the warranty and I am very dissatisfied with the Keigan decision.

Has there been a previous history of failures of this kind? I am asking you to please investigate this matter. Thank you for your consideration.

Very truly yours,

[REDACTED]

✓Cc: NTHSA

driver side - a bent control, hit wheel

passenger: off Hwy. left turn, slow stop, top of wheel went off, lost steering

Warning: first day broke up drive, had a 1997

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People Saving People

1-888-DASH-2-DO1

Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation

[Please proceed to the end of this page, after confirming your input, and select the "Submit VOQ to NHTSA" button. NHTSA will not receive a record of your complaint unless this button is selected.]

Owner Information

FirstName: [REDACTED]

Home Phone: [REDACTED]

LastName: [REDACTED]

Work Phone: [REDACTED]

MI: [REDACTED]

Ext: [REDACTED]

Organization: [REDACTED]

Fax Number: [REDACTED]

Address 1: [REDACTED]

Email Address: [REDACTED]

Address 2: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

Vehicle Information

Vehicle Identification Number (VIN): 1GNCT18W3YK247412

Vehicle Make: Chevrolet

Vehicle Model:

Blazer

Vehicle Year: 2009

Current Odometer Reading:

Purchase Date: 05/00

New or Used:

New

Engine Size: **Antilock Brakes:** No
No. Cylinders: 6 **Driverside Airbag:** Yes
Fuel Injection: No **Passengerside Airbag:** No
Turbo: No **Side Airbag - Driver:** No
Fuel Type: Gas **Side Airbag - Passenger:** No
Drivetrain: Front **3-Point Belt:** No
Cruise Control: Yes **Motor Belt:** No
Body Style: 2-Door **2-point Belt:** No

Dealer Information

Name: Keigan
Address: 340 East Central Street
City: Franklin
State: MA
Zip: 02038
Phone: (508) 528-1111

Failed Component/Part Information

Major Assembly	Description	Location		Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg. Contacted	NHTA Complaint
		Left-Right	Front-Rear							
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	Police Report
WHEELS	upper ball joint missing cotter pin	Right	Front	Original	1	03/25/2002	NA	0	Yes	No
	No	No	NA	NA	NA	NA	0	0	\$795	No

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA